

<b>WA Tier Two - Emergency and Hazardous Chemical Inventory</b> Specific Information by Chemical Revised Nov 2020		<b>Community Right-to-Know ID#:</b> WAD988468286 (Required Information) (12-digit number beginning with CRK or WA) Reporting Period: January 1 to December 31, 2021	
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TRI Facility ID: <input checked="" type="checkbox"/> N/A	
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		RMP Facility ID: <input checked="" type="checkbox"/> N/A	
<b>Facility Identification</b>		<b>Tier Two Contact</b>	
Name: NOURYON PULP AND PERFORMANCE CHEMICALS		Name: PATRICK S EALY Title: SITE DIRECTOR	
Street: 2701 ROAD N NE		Email: PAT.EALY@NOURYON.COM Phone: (509) 765 - 2889	
Latitude: 47.125000 Longitude: -119.191667			
City: MOSES LAKE State: WA Zip Code: 98837		Mailing Address: (Must be included if different from Facility Address)	
		Street: 2701 RD N NE	
Phone: (509) 765 - 2889 County: GRANT LEPC: GRANT		City: MOSES LAKE State: WA Zip Code: 98837	
Dun & Bradstreet No.: 602843149 NAICS Code: 325180		Maximum Number of occupants: 45 Manned <input checked="" type="checkbox"/> Unmanned <input type="checkbox"/>	
<b>Owner/Operator</b>		<b>Emergency Contact</b>	
Name: NOURYON PULP & PERFORMANCE CHEMICALS, LLC		Name: PATRICK S EALY Title: SITE DIRECTOR	
Address: 2701 RD N NE		Phone: (509) 765 - 2889 24-Hour Phone: (b) (6)	
City: MOSES LAKE State: WA Zip Code: 98837		Email: PAT.EALY@NOURYON.COM	
Phone: (509) 765 - 2889 Email:		Name: DAN LEBBIN Title: PRODUCTION MGR	
<b>Parent Company Information</b>		Phone: (509) 765 - 2889 24-Hour Phone: (b) (6)	
Name:		Email: DAN.LEBBIN@NOURYON.COM	
Address:		<b>Facility Emergency Coordinator (If applicable)</b>	
City: State: Zip Code:		Name: PATRICK S EALY Title: SITE DIRECTOR	
Phone: Email:		Phone: (509) 765 - 2889 24-Hour Phone: (b) (6)	
Dun & Bradstreet No.:		Email: PAT.EALY@NOURYON.COM	
<b>Certification</b> (Read and sign after completing all sections.)  I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquire of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.  Patrick Ealy _____ Name and official title of owner/operator's authorized representative		Optional Attachments:  <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations  <input checked="" type="checkbox"/> I have attached a description of dikes/other safeguard measures	
Signature		Date Signed	

## TIER TWO CHEMICAL INVENTORY

ID# WAD988468286

Chemical Description	Physical and Health Hazard (check all that apply)	Inventory	Storage codes Container Type Pressure Temperature	Storage Locations (Non-confidential) (Please Print)																																												
<p>CAS# 7664-93-9 Chem. Name Sulfuric Acid</p> <hr/> <p>Trade Secret <input type="checkbox"/></p> <hr/> <p>Check all that apply</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pure</td> <td>Mix</td> <td>Solid</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Liquid</td> <td>Gas</td> <td>EHS</td> </tr> </table> <hr/> <p>EHS Name Sulfuric Acid</p> <p>EHS CAS# (if different) 7664-93-9</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pure	Mix	Solid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liquid	Gas	EHS	<table border="0"> <tr> <td><input type="checkbox"/> Explosive</td> <td>Acute toxicity (any route of exposure)</td> </tr> <tr> <td><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</td> <td><input checked="" type="checkbox"/> Skin corrosion or irritation</td> </tr> <tr> <td><input type="checkbox"/> Oxidizer (liquid, solid, or gas)</td> <td><input checked="" type="checkbox"/> Serious eye damage or eye irritation</td> </tr> <tr> <td><input type="checkbox"/> Self-reactive</td> <td>Respiratory or skin sensitization</td> </tr> <tr> <td><input type="checkbox"/> Pyrophoric (liquid or solid)</td> <td><input checked="" type="checkbox"/> Germ cell mutagenicity</td> </tr> <tr> <td><input type="checkbox"/> Pyrophoric Gas</td> <td><input type="checkbox"/> Carcinogenicity</td> </tr> <tr> <td><input type="checkbox"/> Self-heating</td> <td><input type="checkbox"/> Reproduction toxicity</td> </tr> <tr> <td><input type="checkbox"/> Organic peroxide</td> <td>Specific target organ toxicity (single or repeated exposure)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Corrosive to metal</td> <td><input type="checkbox"/> Aspiration hazard</td> </tr> <tr> <td>Gas under pressure (compressed gas)</td> <td><input type="checkbox"/> Simple Asphyxiant</td> </tr> <tr> <td><input type="checkbox"/> In contact with water emits flammable gas</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Combustible Dust</td> <td></td> </tr> <tr> <td>Hazard Not Otherwise Classified</td> <td>Hazard Not Otherwise Classified</td> </tr> </table>	<input type="checkbox"/> Explosive	Acute toxicity (any route of exposure)	<input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input checked="" type="checkbox"/> Skin corrosion or irritation	<input type="checkbox"/> Oxidizer (liquid, solid, or gas)	<input checked="" type="checkbox"/> Serious eye damage or eye irritation	<input type="checkbox"/> Self-reactive	Respiratory or skin sensitization	<input type="checkbox"/> Pyrophoric (liquid or solid)	<input checked="" type="checkbox"/> Germ cell mutagenicity	<input type="checkbox"/> Pyrophoric Gas	<input type="checkbox"/> Carcinogenicity	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Reproduction toxicity	<input type="checkbox"/> Organic peroxide	Specific target organ toxicity (single or repeated exposure)	<input checked="" type="checkbox"/> Corrosive to metal	<input type="checkbox"/> Aspiration hazard	Gas under pressure (compressed gas)	<input type="checkbox"/> Simple Asphyxiant	<input type="checkbox"/> In contact with water emits flammable gas		<input type="checkbox"/> Combustible Dust		Hazard Not Otherwise Classified	Hazard Not Otherwise Classified	<p>Max. amount (lbs.)</p> <p>Avg. amount (lbs.)</p> <p>No. of days on site</p>	<table border="1"> <tr> <td>A</td> <td>2</td> <td>4</td> </tr> <tr> <td>A</td> <td>2</td> <td>4</td> </tr> </table>	A	2	4	A	2	4	<div></div>
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<p>CAS# 000497-19-8</p> <p>Chem. Name Sodium Carbonate (Soda Ash)</p> <hr/> <p>Trade Secret <input type="checkbox"/></p> <hr/> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input checked="" type="checkbox"/>              Check all that apply         </div> <div style="text-align: center;"> <input checked="" type="checkbox"/>              Pure         </div> <div style="text-align: center;"> <input type="checkbox"/>              Mix         </div> <div style="text-align: center;"> <input checked="" type="checkbox"/>              Solid         </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> <input type="checkbox"/>              Liquid         </div> <div style="text-align: center;"> <input type="checkbox"/>              Gas         </div> <div style="text-align: center;"> <input type="checkbox"/>              EHS         </div> </div> <hr/> <p>EHS Name</p>  <p>EHS CAS# (if different)</p>	<div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Explosive  <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)  <input type="checkbox"/> Oxidizer (liquid, solid, or gas)  <input type="checkbox"/> Self-reactive  <input type="checkbox"/> Pyrophoric (liquid or solid)  <input type="checkbox"/> Pyrophoric Gas  <input type="checkbox"/> Self-heating  <input type="checkbox"/> Organic peroxide  <input type="checkbox"/> Corrosive to metal  <input type="checkbox"/> Gas under pressure (compressed gas)  <input type="checkbox"/> In contact with water emits flammable gas  <input type="checkbox"/> Combustible Dust  <input type="checkbox"/> Hazard Not Otherwise Classified             </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)  <input checked="" type="checkbox"/> Skin corrosion or irritation  <input checked="" type="checkbox"/> Serious eye damage or eye irritation  <input checked="" type="checkbox"/> Respiratory or skin sensitization  <input type="checkbox"/> Germ cell mutagenicity  <input type="checkbox"/> Carcinogenicity  <input type="checkbox"/> Reproduction toxicity  <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)  <input type="checkbox"/> Aspiration hazard  <input type="checkbox"/> Simple Asphyxiant  <input type="checkbox"/> Hazard Not Otherwise Classified             </div> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">             Max. amount (lbs.)  <div style="background-color: #ccc; height: 15px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">             Avg. amount (lbs.)  <div style="background-color: #ccc; height: 15px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 2px;">             No. of days on site  <div style="background-color: #ccc; height: 15px; width: 100%;"></div> </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>A</span> <span>1</span> <span>5</span> </div> <div style="background-color: #ccc; height: 100%; width: 100%;"></div>
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CAS# 007647-01-0

Chem. Name Hydrochloric Acid 31.45  
Percent

Trade Secret ☐

Check all ☐ Pure ☒ Mix ☐ Solid  
that apply ☒ Liquid ☐ Gas ☒ EHS

EHS Name  
Hydrogen Chloride

EHS CAS# (if different)  
007647-01-0

- |  |   |
|--|---|
| <input type="checkbox"/> Explosive                                       | Acute toxicity (any route of exposure) <input checked="" type="checkbox"/>            |
| <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) | Skin corrosion or irritation <input checked="" type="checkbox"/>                      |
| <input type="checkbox"/> Oxidizer (liquid, solid, or gas)                | Serious eye damage or eye irritation <input checked="" type="checkbox"/>              |
| <input checked="" type="checkbox"/> Self-reactive                        | Respiratory or skin sensitization <input checked="" type="checkbox"/>                 |
| <input type="checkbox"/> Pyrophoric (liquid or solid)                    | Germ cell mutagenicity <input type="checkbox"/>                                       |
| <input type="checkbox"/> Pyrophoric Gas                                  | Carcinogenicity <input type="checkbox"/>  |
| <input type="checkbox"/> Self-heating                                    | Reproduction toxicity <input type="checkbox"/>  |
| <input type="checkbox"/> Organic peroxide                                | Specific target organ toxicity (single or repeated exposure) <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Corrosive to metal                   | Aspiration hazard <input checked="" type="checkbox"/>                                 |
| <input type="checkbox"/> Gas under pressure (compressed gas)             | Simple Asphyxiant <input type="checkbox"/>  |
| <input type="checkbox"/> In contact with water emits flammable gas       | Hazard Not Otherwise Classified <input type="checkbox"/>                              |
| <input type="checkbox"/> Combustible Dust                                |   |
| <input type="checkbox"/> Hazard Not Otherwise Classified                 |   |

Max.  
amount  
(lbs.)

Avg. amount  
(lbs.)

No. of days  
on site

A 1 4

CAS# 007775-09-9 Chem. Name Sodium Chlorate	<input type="checkbox"/> Explosive <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids) <input checked="" type="checkbox"/> Oxidizer (liquid, solid, or gas) <input type="checkbox"/> Self-reactive <input type="checkbox"/> Pyrophoric (liquid or solid) <input type="checkbox"/> Pyrophoric Gas <input type="checkbox"/> Self-heating <input type="checkbox"/> Organic peroxide <input type="checkbox"/> Corrosive to metal <input type="checkbox"/> Gas under pressure (compressed gas) <input type="checkbox"/> In contact with water emits flammable gas <input type="checkbox"/> Combustible Dust <input type="checkbox"/> Hazard Not Otherwise Classified	Acute toxicity (any route of exposure) <input checked="" type="checkbox"/> Skin corrosion or irritation <input checked="" type="checkbox"/> Serious eye damage or eye irritation Respiratory or skin sensitization <input checked="" type="checkbox"/> Germ cell mutagenicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Reproduction toxicity Specific target organ toxicity (single or repeated exposure) <input checked="" type="checkbox"/> Aspiration hazard <input type="checkbox"/> Simple Asphyxiant Hazard Not Otherwise Classified	Max. amount (lbs.) Avg. amount (lbs.) No. of days on site	<table><tr><td>C</td><td>1</td><td>4</td></tr><tr><td>J</td><td>1</td><td>4</td></tr><tr><td>J</td><td>1</td><td>4</td></tr></table>	C	1	4	J	1	4	J	1	4			
C	1	4														
J	1	4														
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Pure	Mix	Solid														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Liquid	Gas	EHS														

<p>CAS# 001310-73-2</p> <p>Chem. Name Sodium Hydroxide 50 Percent</p> <hr/> <p>Trade Secret <input type="checkbox"/></p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> Check all that apply         </div> <div style="text-align: center;"> <input type="checkbox"/> Pure Liquid         </div> <div style="text-align: center;"> <input type="checkbox"/> Mix Gas         </div> <div style="text-align: center;"> <input type="checkbox"/> Solid EHS         </div> </div> <hr/> <p>EHS Name</p>  <p>EHS CAS# (if different)</p>	<div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Explosive  <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)  <input type="checkbox"/> Oxidizer (liquid, solid, or gas)  <input checked="" type="checkbox"/> Self-reactive  <input type="checkbox"/> Pyrophoric (liquid or solid)  <input type="checkbox"/> Pyrophoric Gas  <input type="checkbox"/> Self-heating  <input type="checkbox"/> Organic peroxide  <input type="checkbox"/> Corrosive to metal  <input type="checkbox"/> Gas under pressure (compressed gas)  <input type="checkbox"/> In contact with water emits flammable gas  <input type="checkbox"/> Combustible Dust  <input type="checkbox"/> Hazard Not Otherwise Classified         </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)  <input checked="" type="checkbox"/> Skin corrosion or irritation  <input checked="" type="checkbox"/> Serious eye damage or eye irritation  <input checked="" type="checkbox"/> Respiratory or skin sensitization  <input type="checkbox"/> Germ cell mutagenicity  <input type="checkbox"/> Carcinogenicity  <input type="checkbox"/> Reproduction toxicity  <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)  <input type="checkbox"/> Aspiration hazard  <input type="checkbox"/> Simple Asphyxiant  <input type="checkbox"/> Hazard Not Otherwise Classified         </div> </div>	<div style="border: 1px solid black; padding: 2px;"> Max. amount (lbs.)  <div style="background-color: #cccccc; height: 15px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 2px;"> Avg. amount (lbs.)  <div style="background-color: #cccccc; height: 15px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 2px;"> No. of days on site  <div style="background-color: #cccccc; height: 15px; width: 100%;"></div> </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>C</span> <span>1</span> <span>4</span> <div style="background-color: #cccccc; width: 150px; height: 15px;"></div> </div> <div style="height: 300px; border: 1px solid black;"></div>
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<p>CAS# 10025-73-7</p> <p>Chem. Name Chromic Chloride</p> <hr/> <p>Trade Secret <input type="checkbox"/></p> <hr/> <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Check all</td> <td>Pure</td> <td>Mix</td> </tr> <tr> <td>that apply</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Liquid</td> <td>Gas</td> </tr> <tr> <td></td> <td></td> <td>EHS</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table> <hr/> <p>EHS Name</p> <p>Chromic Chloride</p> <p>EHS CAS# (if different)</p> <p>10025-73-7</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all	Pure	Mix	that apply	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Liquid	Gas			EHS	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/> Explosive</td> <td><input type="checkbox"/> Acute toxicity (any route of exposure)</td> </tr> <tr> <td><input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)</td> <td><input checked="" type="checkbox"/> Skin corrosion or irritation</td> </tr> <tr> <td><input type="checkbox"/> Oxidizer (liquid, solid, or gas)</td> <td><input checked="" type="checkbox"/> Serious eye damage or eye irritation</td> </tr> <tr> <td><input type="checkbox"/> Self-reactive</td> <td><input type="checkbox"/> Respiratory or skin sensitization</td> </tr> <tr> <td><input type="checkbox"/> Pyrophoric (liquid or solid)</td> <td><input checked="" type="checkbox"/> Germ cell mutagenicity</td> </tr> <tr> <td><input type="checkbox"/> Pyrophoric Gas</td> <td><input checked="" type="checkbox"/> Carcinogenicity</td> </tr> <tr> <td><input type="checkbox"/> Self-heating</td> <td><input type="checkbox"/> Reproduction toxicity</td> </tr> <tr> <td><input type="checkbox"/> Organic peroxide</td> <td><input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Corrosive to metal</td> <td><input type="checkbox"/> Aspiration hazard</td> </tr> <tr> <td><input type="checkbox"/> Gas under pressure (compressed gas)</td> <td><input type="checkbox"/> Simple Asphyxiant</td> </tr> <tr> <td><input type="checkbox"/> In contact with water emits flammable gas</td> <td><input type="checkbox"/> Hazard Not Otherwise Classified</td> </tr> <tr> <td><input type="checkbox"/> Combustible Dust</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hazard Not Otherwise Classified</td> <td></td> </tr> </table>	<input type="checkbox"/> Explosive	<input type="checkbox"/> Acute toxicity (any route of exposure)	<input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)	<input checked="" type="checkbox"/> Skin corrosion or irritation	<input type="checkbox"/> Oxidizer (liquid, solid, or gas)	<input checked="" type="checkbox"/> Serious eye damage or eye irritation	<input type="checkbox"/> Self-reactive	<input type="checkbox"/> Respiratory or skin sensitization	<input type="checkbox"/> Pyrophoric (liquid or solid)	<input checked="" type="checkbox"/> Germ cell mutagenicity	<input type="checkbox"/> Pyrophoric Gas	<input checked="" type="checkbox"/> Carcinogenicity	<input type="checkbox"/> Self-heating	<input type="checkbox"/> Reproduction toxicity	<input type="checkbox"/> Organic peroxide	<input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)	<input checked="" type="checkbox"/> Corrosive to metal	<input type="checkbox"/> Aspiration hazard	<input type="checkbox"/> Gas under pressure (compressed gas)	<input type="checkbox"/> Simple Asphyxiant	<input type="checkbox"/> In contact with water emits flammable gas	<input type="checkbox"/> Hazard Not Otherwise Classified	<input type="checkbox"/> Combustible Dust		<input type="checkbox"/> Hazard Not Otherwise Classified		<table border="1"> <tr> <td>Max. amount (lbs.)</td> </tr> <tr> <td><div></div></td> </tr> <tr> <td>Avg. amount (lbs.)</td> </tr> <tr> <td><div></div></td> </tr> <tr> <td>No. of days on site</td> </tr> <tr> <td><div></div></td> </tr> </table>	Max. amount (lbs.)	<div></div>	Avg. amount (lbs.)	<div></div>	No. of days on site	<div></div>	<table border="1"> <tr> <td>G</td> <td>1</td> <td>4</td> <td><div></div></td> </tr> </table>	G	1	4	<div></div>
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<p>CAS# 007681-52-9</p> <p>Chem. Name Sodium Hypochlorite 12.5 Percent</p> <hr/> <p>Trade Secret <input type="checkbox"/></p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> Check all that apply         </div> <div style="text-align: center;"> <input type="checkbox"/> Pure Liquid         </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> Mix Gas         </div> <div style="text-align: center;"> <input type="checkbox"/> Solid EHS         </div> </div> <hr/> <p>EHS Name</p>  <p>EHS CAS# (if different)</p>	<div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Explosive  <input type="checkbox"/> Flammable (gases, aerosols, liquids, or solids)  <input type="checkbox"/> Oxidizer (liquid, solid, or gas)  <input checked="" type="checkbox"/> Self-reactive  <input type="checkbox"/> Pyrophoric (liquid or solid)  <input type="checkbox"/> Pyrophoric Gas  <input type="checkbox"/> Self-heating  <input type="checkbox"/> Organic peroxide  <input checked="" type="checkbox"/> Corrosive to metal  <input type="checkbox"/> Gas under pressure (compressed gas)  <input type="checkbox"/> In contact with water emits flammable gas  <input type="checkbox"/> Combustible Dust  <input type="checkbox"/> Hazard Not Otherwise Classified         </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> Acute toxicity (any route of exposure)  <input checked="" type="checkbox"/> Skin corrosion or irritation  <input checked="" type="checkbox"/> Serious eye damage or eye irritation  <input type="checkbox"/> Respiratory or skin sensitization  <input type="checkbox"/> Germ cell mutagenicity  <input type="checkbox"/> Carcinogenicity  <input type="checkbox"/> Reproduction toxicity  <input type="checkbox"/> Specific target organ toxicity (single or repeated exposure)  <input type="checkbox"/> Aspiration hazard  <input type="checkbox"/> Simple Asphyxiant  <input type="checkbox"/> Hazard Not Otherwise Classified         </div> </div>	<div style="border: 1px solid black; padding: 2px;"> Max. amount (lbs.)  <div style="background-color: #ccc; height: 15px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 2px;"> Avg. amount (lbs.)  <div style="background-color: #ccc; height: 15px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 2px;"> No. of days on site  <div style="background-color: #ccc; height: 15px; width: 100%;"></div> </div>	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding-bottom: 5px;"> <span>A</span> <span>1</span> <span>4</span> <div style="background-color: #ccc; width: 100px; height: 15px;"></div> </div>
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